

- ☐ New EFT account
- ☐ Change EFT reporting method
- ☐ Change bank account on _____ (date)
- ☐ Change contact information

(Type or Print in Ink)

TAXPAYER NAME	CDTFA ACCOUNT NUMBER
DBA (doing business as)	BUSINESS PHONE NUMBER () —
CONTACT PERSON	CONTACT PHONE NUMBER () —

Complete and sign either OPTION 1 or OPTION 2 below (NOT BOTH)

☐ **ACH Debit**

The California Department of Tax and Fee Administration is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the California Department of Tax and Fee Administration and I mutually agree to terminate my participation in the EFT program.

BANK NAME		TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK ACCOUNT NUMBER <i>(not to exceed 17 digits)</i>		
ROUTING NUMBER:		
SIGNATURE	TITLE	DATE

IMPORTANT: If you have selected the ACH Debit option, you must attach a voided check. Your voided check will be used to verify the bank account and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used.

☐ **ACH Credit**

The California Department of Tax and Fee Administration is hereby requested to grant authority for the above-named taxpayer to initiate ACH credit transactions to the California Department of Tax and Fee Administration's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the California Department of Tax and Fee Administration provided for by statute.

SIGNATURE	TITLE	DATE
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Make a copy for your records.

Instructions for Completing the EFT Authorization Agreement Form

TAXPAYER AND CONTACT INFORMATION

Please type or print clearly.

Complete all the blocks in the section. Your California Department of Tax and Fee Administration (CDTFA) account number is required (for example, 30-123456).

Make a copy of the completed form for your records.

Payment OPTIONS

Complete and sign OPTION 1 (ACH Debit) or OPTION 2 (ACH Credit). DO NOT COMPLETE BOTH.

Complete every block of information for the method selected.

If the ACH Debit method is selected, attach a voided check or a bank specification sheet so we can verify your bank account number and routing number.

The example voided check below indicates where to locate the routing number and bank account number. Some financial institutions may use a different routing number for electronic payments than the one used for paper checks. You may want to verify the information with your financial institution before submitting it. Do NOT use a deposit slip to obtain the information requested. Failure to enter the correct banking information may cause your payment to be rejected and may subject your account to delinquency charges.

Remember to mark the word "void" across the face of the check that you send with the authorization agreement.

The diagram shows a voided check with the following fields and labels:

- Label 1:** Points to the routing number (133404567) at the bottom left.
- Label 2:** Points to the bank account number (1234561304) at the bottom middle.
- Label 3:** Points to the check number (1044) at the bottom right.

The check itself contains the following information:

- ABC BUSINESS**
1234 Park Avenue
Anytown, CA
- 1044** (Check Number)
- PAY TO THE ORDER OF** _____
- XXX.XX** (Amount)
- DOLLARS**
- Anytown Bank**
U.S.A.
- MEMO** _____
- Not Negotiable**
- 133404567 1234561304 1044** (MICR line)

- 1 Routing Number
(requires 9 digits)**
- 2 Bank Account Number
(not to exceed 17 digits)**
- 3 Check Number**

Important Information

1. EFT Start Date for New Accounts

You will be notified in writing if your agreement is approved. The confirmation letter will indicate when you must start making EFT payments. DO NOT attempt to pay by EFT before your approved start date.

2. Removal from EFT

Once you are registered, you cannot withdraw from the EFT program unless you submit a written request and you receive a written approval from the CDTFA.

You can fax the request to 1-916-322-8457 or mail it to EFT Group, P.O. Box 942879, Sacramento, CA 94279-0035. You must continue to make payments by EFT until the CDTFA notifies you in writing that your request has been approved and indicates the ending date for making EFT payments.

Note: If your account is closing out, a written request for removal from EFT is not required.

3. Changing Your Payment Method (ACH Debit vs. ACH Credit)

If you are submitting an authorization agreement form to change from ACH Debit to ACH Credit, or vice versa, you must continue to use your current payment method until you are notified in writing by the CDTFA that your request has been approved. A confirmation letter will be mailed to you once your method of payment has been changed.

4. New Bank Account or Routing Number

If you are submitting an authorization agreement form to change your bank account or routing number, you will not receive a confirmation letter.